



## 2009 San Bernardino County IHSS Public Authority Caregiver Appreciation Nomination

November is National Caregiver Appreciation Month.  
Tell us why your caregiver deserves an award this November!

Caregiver's Name: \_\_\_\_\_

Address: (If Available) \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Number of Years/Months working as your caregiver: \_\_\_\_\_

Please read the following statements and check the box that best applies:

	Always	Sometimes	Rarely	Never
My Caregiver is patient.				
My Caregiver is committed.				
My Caregiver is courteous.				
My Caregiver is respectful.				
My Caregiver is honest.				
My Caregiver is trustworthy.				

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Should my caregiver be selected to win an award, I authorize representatives of the San Bernardino County IHSS Public Authority bearing this release (or copy of it) to publish my photo and first name only in the Public Authority Newsletter, website and other San Bernardino County productions.

Signature \_\_\_\_\_

TURN OVER



[illegible]

**The Public Authority  
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